PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

07414-0040-00000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			123					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/ 2 շminus 20=		* 103			X\$ 9=		OR	X\$18=	1854-	
INDEPENDENT CLAIMS			/7 minus 3 =		* 14			X40=		OR	X80=	1120-	
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=	1420	
* If	the difference	in column 1 is	ro, ente	r "0" in c	olumn 2	ı	TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II								OTHER				THAN	
		(Column 1)		(Colu	mn 2)	(Column 3)	_	SMALL	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		OR	+270=		
								TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		JOH	ADDIT. FEE		
г		(Column 1) CLAIMS		HIGH	HEST		' 1 1		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	↓ I	X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	+135=			+270=		
								TOTAL		OR	TOTAL		
										OR	ADDIT. FEE		
ļ	1	ነ .			•		_						
AMENDMENT C	:	CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	11	X\$ 9=	1	OR	X\$18=	/	
MEN	Independent	*	Minus	***		=	11	X40=			X80=		
₹	FIRST PRESE	IULTIPLE DE	PENDENT CLA]	A4U=		OR	//00=	<u> </u>		
							_	+135=		OR	+270=		
••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
"	"It the "Highest Nu The "Highest Nur	imber Previously F nber Previously Pa	raid For IN TH aid For" (Total o	or Indepen	: is less th dent) is th	an 3, enter "3." e highest numb	ber fo	und in the ap	propriate bo	x in co	olumn 1.		